$\left(\begin{array}{c} 0 \\ 0 \end{array}\right)$	A THE SERVICE OF THE	h applicable for	ee(s), to: <u>N</u> or <u>l</u>	Com P.O. Alexa <u>Fax</u> (571)	Stop ISSUI missioner fo Box 1450 andria, Virg 273-2885	or Patents ginia 22313-		hould be completed where	
appropriate. All tuther coindicated unless corrected maintenance fee notification	orm should be used for tan orrespondence including the or directed otherwise	Patent, advance or in Block 1, by (a	ders and noti) specifying	fication of main	ntenance fees valence address	will be mailed ; and/or (b) inc	to the current licating a sepa	correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 47915 7590 09/16/2005				Fee(s)	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
CHERNOFF, VILHAUER, MCCLUNG & STENZEL, LLP 1600 ODS TOWER 601 SW SECOND AVENUE PORTLAND, OR 97204					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
0/17/2005 CNGUYEN1 00000020 09128580					Kevin L. Russell (Depositor's name)				
1 FC:1501 2 FC:8001		·		October 12, 2005			(Signature)		
APPLICATION NO.	FILING DATE		INVENTOR		ATTORNEY [OCKET NO.	CONFIRMATION NO.		
09/128,580	08/04/1998		THOMAS M	. GILLIHAN		KLR:71	46.017	3073	
TITLE OF INVENTION:	PRINTER CONTROLLER W	'ITH ERROR REC	OVERY FO	R MULTIPLE L	ANGUAGE C	APABILITY			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICA	TION FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1400	\$0		0	\$14	00	12/16/2005	
EXA	ARŤ UN	ARŤ UNIT (JBCLASS	ן				
GARCIA,	2624	2624		01140	_				
CFR 1.363). Change of correspond Address form PTO/SB/ These Address indice PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIGN	ation (or "Fee Address" Indictor more recent) attached. Us D RESIDENCE DATA TO Ess an assignee is identified bein 37 CFR 3.11. Completion	Correspondence ation form e of a Customer E PRINTED ON Telow, no assignee of this form is NO	(1) the na or agents (2) the na registered 2 registered listed, no of the PATENT data will app T a substitute (2) RESIDENCE	ear on the pate for filing an ass CE: (CITY and Samas, WA	registered pate y, irm (having as nt) and the nan yys or agents. If nted. nt. If an assigningment. STATE OR CO	a member a mes of up to f no name is mee is identified	McClun 3	_	
	te assignee category or catego				dividual 🖾 C	Corporation or o	ther private gr	oup entity Governmen	
4a. The following fee(s) ar ✓ Issue Fee ✓ Publication Fee (No		in the amount o	. ,						
Advance Order - #	☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1550 (enclose an extra copy of this form).								
a. Applicant claims	s (from status indicated above SMALL ENTITY status. See	37 CFR 1.27.	☐ b. Applic	eant is no longer	claiming SMA	ALL ENTITY st	atus. See 37 C	CFR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and interest as shown by the re	D is requested to apply the Iss Publication Fee (if required) cords of the United States Pat	ue Fee and Publica will not be accepted ent and Trademark	tion Fee (if and from anyon Office.	ny) or to re-apple other than the	y any previous applicant; a reg	sly paid issue fe gistered attorney	e to the applic or agent; or t	ation identified above. he assignee or other party i	
Authorized Signature _	11/				Date	ctober 1			
Typed or printed name Kevin L. Russell				Registration No. 38,292					
This collection of informat an application. Confidentic submitting the completed this form and/or suggestion Box 1450 Alexandra Vir	ion is required by 37 CFR 1.3 ality is governed by 35 U.S.C application form to the USPT as for reducing this burden, signia 22313-1450. DO NOT	11. The information 122 and 37 CFR O. Time will vary hould be sent to the SFND FFFS OR (on is required 1.14. This co depending use Chief Information	to obtain or reta llection is estim pon the individuation Officer, DEORMS TO T	in a benefit by ated to take 12 ial case. Any c U.S. Patent and THIS ADDRES	the public whice minutes to con- comments on the d Trademark Of SS. SEND TO:	th is to file (an inplete, including amount of the fice, U.S. Dep	d by the USPTO to process ng gathering, preparing, an ime you require to complet partment of Commerce, P.C. for Patents P.O. Box 1456	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.